



GUIDE



The Regional Centre for the Treatment of Eating Disorders

Day Hospital and Outpatient Programs



The Ottawa Hospital | L'Hôpital
d'Ottawa



Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Welcome to the Regional Centre for the Treatment of Eating Disorders

At the Regional Centre for the Treatment of Eating Disorders we provide assessment services for individuals ages 18 and over who have disordered eating. We also provide group-based treatment for people with anorexia nervosa, bulimia nervosa, atypical anorexia nervosa and purging disorder in outpatient (low-intensity), day hospital (intensive) and inpatient (intensive) formats. Services for binge-eating disorder are limited to pharmacological [i.e., medication-based] treatment only.

Treatment Philosophy

Our program is committed to providing evidence-based treatment to help our patients recover from their eating disorder (ED). We respect that each patient's journey towards restored health is unique. Therefore, we are committed to meeting patients where they are in terms of management of ED symptoms. We strive to help patients identify ways in which their symptoms interfere with their lives and future goals and help patients to address these through normalization of eating, weight restoration (if applicable), and reduction/elimination of ED symptoms. We also help patients address problems underlying the eating disorder and aid them in establishing or returning to a healthy and productive lifestyle.

Our Values

We value:

- Compassion, Kindness and Empathy: for you, ourselves and each other. We care about your well-being and we strive to create a safe, supportive environment to help you achieve your goals.
- A Commitment to Quality: We use evidence-based treatments and evaluate your progress and your feedback while in our program.
- Engagement and Working Together: We value creating connections with our patients and their loved ones. Our inter-professional team will work with you to help define and achieve your goals. We participate in the process of treatment with you while respecting your autonomy.

Recovery is Possible!

Recovery from an eating disorder is hard work and it will take a great deal of time and effort. We strongly believe that there are many benefits to working toward recovery and we feel privileged to help you achieve this goal. The process of recovery typically continues after you have left our program (see "Phases of Recovery", Appendix 6). You may require support after leaving our program to continue working towards wellness. Therefore, from the start of treatment, we will work with you to plan for your discharge.

We value:

- Respect: for patients, ourselves and each other. We value and respect diversity.
- Persistence: We recognize that eating disorders are complex and difficult to treat. We will continue to work with our patients even when they feel that their struggles are too great to overcome. We recognize that in working towards health, there will be obstacles, but we will face them with you when they occur.
- Integrity: We value being honest, transparent and responsible in our provision of services. We aim to live our values.

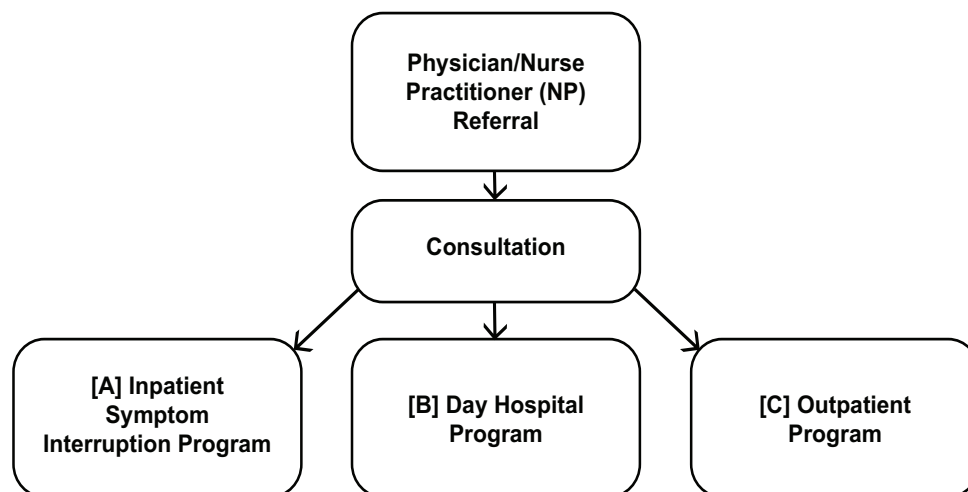
Is the Eating Disorder Program Right for You?

To be assessed for admission to the Eating Disorder Program you must be referred by a physician or a nurse practitioner (NP). You will be offered a consultation appointment, which is a focused assessment by an eating disorders specialist(s). The severity and nature of your eating disorder will determine the treatment program that will be offered [if any]. Following the consultation, you are free to choose whether to accept or reject the treatment recommendation; if you accept, your name will be placed on a waitlist. When a spot becomes available [which may take up to several months], you will receive a call with your start date.

Below is a visual representation of our treatment program. The first program is the intensive inpatient branch known as the “Symptom Interruption Program” or SIP. The second branch is the intensive “Day Hospital Program” or DHP. The third branch is the low intensity “Outpatient Program” (availability of groups varies). Treatment for your eating disorder may involve completing more than one branch of the program.

The remainder of this guide focuses on the Day Hospital and Outpatient Programs. For information on the Symptom Interruption Program, please see the separate guide.

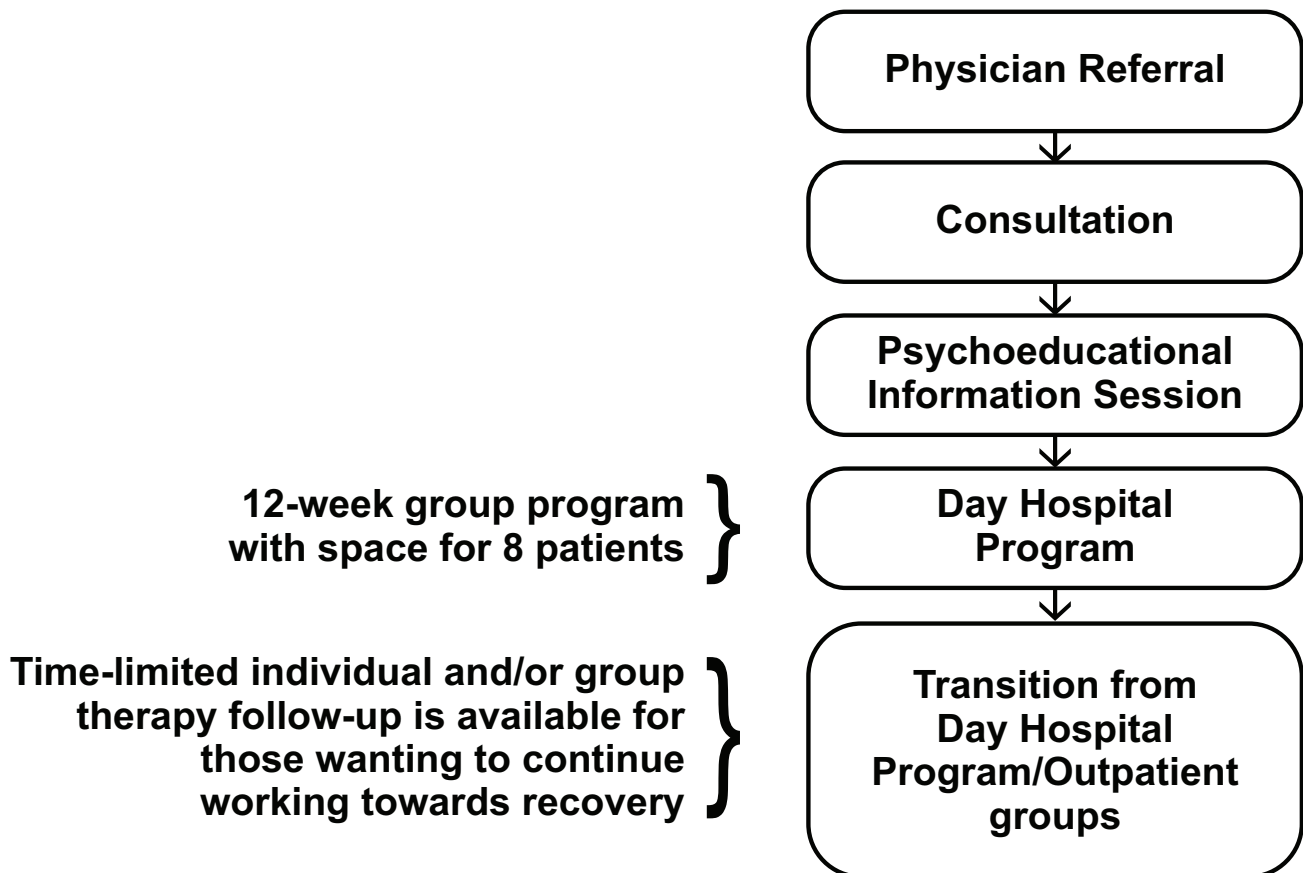
The Three Branches of our Program



[B] The Day Hospital Program (DHP)

The DHP [see diagram above; this is the program labeled “B”] is an intensive treatment program offered to patients with moderate to severe eating disorders who do not need hospitalization for medical stabilization. The DHP provides meal and snack supervision, psycho-education and psychotherapy in a group format from Monday to Friday. Please see the DHP schedule on page 4. Currently, there are eight spots available in this 12-week program; attendance is from 9 AM to 6 PM. Patients should note that the length of the DHP program and daily schedule are subject to change.

Before beginning the DHP, patients attend a one-time psychoeducational session (2 hrs.) to learn about what to expect in treatment and ask any questions they may have. Following successful completion of the DHP, patients have the opportunity for time-limited follow-up (individual or group therapy as available) designed to help patients continue in their recovery. Because this service is provided for patients who are committed to continuing their recovery, patients may be discharged if they continue to engage in therapy-interfering behaviours or if another more appropriate service is available.



The Day Hospital Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday		
09:00	Post Weekend Review Group Room (09:00-10:30)	Weigh in and Medical Review (Chart room and NP's office room 4308) (09:00-10:30) Concurrent Psych Clinic with Dr. Proulx (room 4327) (09:30-10:30)	Self-Image group Group Room (9:00-10:15)	Combined CBT group Group Room (9:00-10:15)	BCA group Group Room (9:00-10:30)		
09:15							
09:30							
09:45							
10:00							
10:15							
10:30	break (10:30-11:00)	Homework Group (10:30-12:00) Lunch (12:00-13:00)	Combined DBT skills Group Room (10:30-11:45) Lunch (12:00-13:00)	Relationship Group Group Room (10:30-11:45) Self-Serve Lunch (12:00-13:00)	Break		
10:45							
11:00	Meal Prep and Lunch or Restaurant Meal (11:00-13:00)						Clinic with Dr. Proulx Room 4327 (11:00-12:00)
11:15							
11:30							
11:45							
12:00					Bring your own Lunch Cafeteria (12:00-13:00)		
12:15							
12:30							
12:45							
13:00	Bloodwork (13:00-14:00)	Web Review (13:00-14:30)	Break	Menu Marking and Nutrition Planning and Weekend Planning DH Kitchen (13:00-14:30)	Discharge Planning Room 4430 (13:00-14:30)		
13:15			Values & Relationships or Art Therapy Group Room (13:15-14:30)				
13:30							
13:45							
14:00	Break (14:00- 14:45)	Break	Snack Outing (14:30-15:00)	Snack	BYO Snack (14:45-15:00) End of Day		
14:15							
14:30							
14:45	Snack	Snack					
15:00	Combined Interpersonal Effectiveness Skills Group Group room (15:00-16:15)	Feedback Group Group Room (15:00-16:15)	Community Group Group Room (15:00-16:15)	Grocery Shopping or Nutrition Education (alternate weeks) (15:00-16:15)			
15:15							
15:30							
15:45							
16:00							
16:15	Break (16:15-17:00)	Break (16:15-17:00)	Break (16:15-17:00)	Break (16:15-17:00)			
16:30							
17:00	Dinner (17:00-18:00)	Dinner (17:00-18:00)	Dinner (17:00-18:00)	Dinner (17:00-18:00)			

What to Expect in Day Hospital Treatment

We offer treatment in five major areas: nutrition, group therapy, medical management, meal supervision and discharge planning.

Nutrition groups: We offer specialized groups that allow you to work on food-related concerns. These groups include nutrition education, menu marking and weekend planning, meal planning and preparation, grocery shopping and meal outings (see below for more detail). One of our goals is to help you [re]develop a positive relationship with food.

Psychological therapy: You will participate in psychological treatment in a group therapy format. These groups are intended to help you achieve awareness and understanding of eating disorders so that you may learn and apply new coping strategies. The groups span a variety of approaches including interpersonal, dialectical/cognitive behavioural, experiential, medical and psychoeducational. Psychological groups help you to build skills in many areas including: emotional awareness and insight, coping, healthy relationships and self-esteem. Groups will also help you explore your personal values.

Preparing to Join an Intensive Program

This may be the first time you are pursuing treatment for an eating disorder, or you may have participated in treatment before.

Treatment is a significant undertaking and there are good reasons to feel proud of your willingness to take on this challenge.

Patients entering the DHP typically need to put some other responsibilities (e.g., school, work) temporarily on hold because the program is like a full-time job. Treating eating disorders can be very complicated. Our social worker can help you with this.

Patients often find that painful emotions arise when tackling their ED symptoms. This is often because they have used their ED to cope with and cover up painful feelings and/or memories. For some, this process can be scary, especially if they are experiencing certain feelings for the first time. We encourage patients to talk about their feelings in group to get support. Should our patients require more specialized services that are beyond our expertise or resources as a program (e.g., focused trauma treatment, treatment for addiction), we will make every effort to refer patients to appropriate services.

For those with a trauma history, we use a trauma-informed approach. However, our program is not set up to provide in-depth trauma treatment and patients are not expected to talk about the specifics of any trauma they may have experienced. Patients may be asked about how traumatic life events may have directly or indirectly contributed to the development of their ED and the team will support them.

Medical management: You will have weekly blood tests and individual medical review, which may include medication management for some patients.

Meals & Snacks: All meals and snacks are supervised during your admission except for Friday's lunch. Most meals and snacks are provided by the hospital during your stay. You are responsible for paying for a once weekly snack in the cafeteria, grocery shopping, Friday lunch and a twice monthly lunch outing.

All patients will challenge a wide variety of foods from all food groups. Please note that the program **cannot accommodate patients who follow a vegan diet.** If you consider yourself vegetarian, you will be asked to reflect on that choice to determine if it is part of an eating disorder. If it is, we will request that you challenge your dietary restriction. If you do not ask this question of yourself, then we risk supporting and maintaining your symptoms, making recovery more difficult.

Working Toward Wellness

Accepting treatment in our intensive Day Hospital Program is a first step towards better health.

This step will consist of eliminating your eating disorder symptoms. For those who are underweight, treatment will involve weight restoration.

Recovery does not stop there, but these first steps are essential in order to explore the deeper psychological issues that triggered your illness and keep it going.

We will help you to build coping skills to take the place of symptoms. You will also be encouraged to explore relationship patterns that keep the disorder going.

All meals and snacks are selected by you from menus provided by the dietitian, who will individualize your meal plan. You will challenge foods that you would usually avoid or eat only when having symptoms. Your meal plan on admission will be 1650 kcal per day unless otherwise specified by the dietitian.

Weight change requirements: For those who require weight restoration (i.e., BMI < 20), your meal plan will be adjusted weekly to help you gain 1 to 2 kilograms per week until you reach a healthy minimum weight. Once you reach that goal, the dietitian will provide a maintenance meal plan. Please see Appendix 1 for further information.

For individuals who do not require weight restoration (i.e., BMI > 20), the meal plan will be adjusted to a maintenance level to help you reach your set point (natural weight). The focus will then be on remaining symptom-free to allow your body to find its comfort zone.

Discharge Planning: Discharge planning begins when you start the program. The team will work with you to identify your post-discharge needs and to help you connect with the right supports in the community. The goal of discharge planning is to help you maintain (or continue) your recovery when you have completed your intensive program. Feeling anxious about what will happen after you finish your treatment is normal. Discharge planning is designed to help you work with the anxiety by actively discussing it and planning for it.

Examples of discharge planning activities may include helping you to find a family health provider, community therapist or other health care professionals. Discharge planning can also include discussion about school and work plans, housing and social assistance. You will be coached throughout your stay in the program to reflect on your short and long-term goals for recovery and to share your relapse prevention plan with other group members; this will help you to develop independence.

Patients are welcome to continue seeing their outside individual therapists while in the DHP as long as these appointments can be scheduled outside of group programming. As part of discharge planning, we can help patients who do not yet have a therapist to locate one.

Day Hospital Program Rules

To help patients in their treatment goals, a number of program rules have been developed (see “Patient Commitments”, Appendix 4). At the beginning of treatment, it is normal to feel overwhelmed by all of the program rules and to have questions. It is important to recognize that our rules have been created to help a wide variety of people with eating disorders. For that reason, not all the rules will seem applicable to you right away, but they may be important for someone else. We urge you to consider the possibility that some of your behaviors may be part of your eating disorder even though you haven’t made that connection yet. Please ask us questions! The rules in the DHP may make you feel like the program is trying to control you and that you have no choice. Remember that **our programs are voluntary**. Our goal is to partner with you to help you drive your own recovery. As you make progress in treatment, you will be encouraged to be more flexible about meals and activity levels.

Our program is not for everyone. Readiness for treatment can be a matter of timing. Also, the approach taken in our program does not suit everyone. If you feel that this treatment is not right for you at this time, it may make sense to withdraw after discussion with the team. You are **always welcome to reapply to our program after 6 months**. We can also suggest different treatment providers in the community that may better suit your needs.

Our Role as the Team

We are a team of physicians, psychologists, dietitians, nurses, a social worker, a nurse practitioner and healthcare learners. We will all be involved in your care while you are in our intensive programs. We are committed to helping you achieve your recovery goals.

We understand that the decision to enter treatment is not an easy one and our most important goal is to support and encourage you in your recovery. We will empower you by teaching skills and sharing information. We see our relationship with you as a 50-50 partnership: We provide you with the structure, support and guidance (our 50%) and you do the work (your 50%).

Your Role in Treatment

Your role in treatment includes:

- Being an active member of the group. This means opening-up about yourself and being honest about your struggles.
- Helping to support your fellow group members. Being in group-based treatment involves both focusing on your own recovery and supporting others in your groups through active listening and providing feedback in a respectful manner.
- Collaborating with the members of your treatment team. As mentioned above, we provide you with the structure, support and guidance (our 50%) and you do the work (your 50%).
- Setting treatment goals and following through. We will help you set personal goals early in treatment.

Active Participation in Groups: Participating actively in group therapy is not exactly the same as participating in other types of groups, such as social groups or class discussions. Here are some tips on how to get the most out of group therapy through active participation.

- Even when you are not speaking, stay focused on what is going on in group and also on what is going on with your own thoughts and feelings.
- Learn to express your feelings in group, not just your thoughts. Focus your attention on how you feel about what is going on in group and share this with the group.
- Learn to give feedback. This is a skill you can develop with practice. You are not expected to know exactly what to say; respond honestly to what you hear and see.
- Learn to receive feedback from others. Receiving feedback can be just as difficult as giving it. You can learn how to receive feedback and ask for feedback from others.

Attendance: Patients are expected to attend **all** groups. **Patients who need to be absent or late must call the Program at 613-737-8010** to tell the clerk the reason for their absence or lateness.

Day Hospital Program: It is each patient's responsibility to schedule other appointments outside of program time. Some exceptions may apply if discussed with the team in advance.

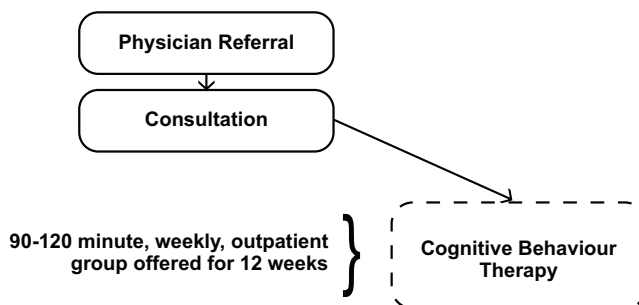
How to Get the Most Out of Treatment

- You may get the most out of treatment if you try to view it as an opportunity to reflect on your life and focus on making some changes. Currently, your everyday life is arranged to make room for the eating disorder and other behaviours that may not be useful anymore.
- Early in treatment your challenge is to plan each day so that it supports your recovery. This often involves changing how you spend your time.
- Having mixed feelings (i.e., ambivalence) is a normal part of changing. Especially early in treatment, but also at other times, patients commonly feel like returning to their eating disorders and they may consider discharging themselves prematurely. This is often because the process of change is scary, whereas the eating disorder is familiar, symptoms are routine, and serve an emotional purpose. Patients are always encouraged to discuss and work through their ambivalence in groups.
- Commitment to in-group participation and homework: Group treatment requires your participation. Homework is often assigned. You will get the most out of your treatment if you make every effort to actively contribute to group discussions and prioritize completion of your homework each week.
- Try to keep an open mind about what changes you are willing to make. In addition to a focus on managing symptoms and normalizing eating, you will be encouraged to talk about other factors that keep your eating disorder going (i.e., relationships, school/work, etc.).
- We encourage you to be open to receiving feedback from fellow patients and the team. This is not always an easy process, but it is meant to help your recovery.

[C] The Outpatient Branch of the EDP

The Outpatient branch of the Eating Disorders Program [see diagram on page 2; this is the program labeled “C”] consists of a skills-based group offered to patients whose eating disorders do not require intensive treatment. Patients may be eligible for the **Cognitive Behaviour Therapy [CBT] group**, which is a 12-session, once weekly therapy group that is between 1.5 and 2.5 hours in duration. Other less intensive outpatient options are under development.

If at any point during your treatment in the Outpatient branch of the EDP, you think that you need more support than you are receiving, please bring it up with your clinician. You can discuss whether treatment in one of the Intensive Programs is more appropriate for you.



Other Important Bits of Information

TOH is a Teaching Hospital

The Ottawa Hospital is a teaching centre affiliated with the University of Ottawa. The Regional Center for the Treatment of Eating Disorders is committed to teaching and research. The teaching component involves training students in psychology, social work, nursing, medicine, and dietetics. You may notice that the main DHP therapy room has a one-way mirror in it. Although it was used previously for observation, it is no longer used in this way and the shutters are closed on the other side. Patients will be notified when staff or students are observing a group; they will sit with you in plain sight in the therapy room.

Program Evaluation and Research

We monitor quality of care on an ongoing basis. In addition, we conduct research to improve the understanding of eating disorders and their treatment. All patients are given questionnaires at the consultation, as well as throughout the treatment process. Patients will be asked to decide if they consent to having their questionnaires included in research.

Accommodations

The “Rotel” residence is located on the premises of the University of Ottawa Health Complex where The Ottawa Hospital, General Campus is located. Rooms are available for patients at reasonable rates. This charge does not include daily breakfast or meals on weekends. To contact the Rotel, please dial: (613) 733-1412 (local calls) or 1(800) 267-4700 (long-distance toll-free calls), or go to their website at www.rotel.ca. If you need help with accommodations at the Rotel [e.g., securing funding] during your time in the DHP, our social worker can assist you.

For further information about services at The Ottawa Hospital, visit: www.ottawahospital.on.ca.

EDP Survival Guide: The Appendices

Appendix 1 – Meal Plan Guidelines

Appendix 2 – The WEB

Appendix 3 – The Distress Tolerance Kit

Appendix 4 – Patient Commitments [Program “non-negotiables”]

Appendix 5 – Other Resources

Appendix 6 – Phases of Recovery

Appendix 7 – Confidentiality Agreement

Appendix 1 – Meal Plan Guidelines

Meals and snacks will be provided during your stay in DHP, including lunch, afternoon snack and supper. You will be asked to eat breakfast at home and evening snack will be provided for you to take home after program hours.

All meals and snacks will be selected from menus provided by the dietitian who will individualize your Meal Plan to meet your needs. You will be challenging foods that you would usually avoid or those that you use only when having symptoms.

The admission Meal Plan will start at 1650 kcal/d unless otherwise specified by the dietitian. For those who require weight restoration, the Meal Plan will be adjusted weekly to help you gain 1.0 -2.0 kg/week until you reach your target weight. The focus will then be on remaining symptom-free to allow your body to find its comfort zone.

Please note that although we have listed calories here as a point of reference, our program actively discourages calorie-counting. Instead, we monitor your consumption in the form of “exchanges”, or units of food. Similarly, the treatment team will monitor your weight restoration on a weekly basis in terms of Body Mass Index, which is a height-to-weight ratio. You are discouraged from weighing yourself.

All patients are expected to challenge a wide variety of foods from all food groups. The program cannot accommodate patients who follow a vegan approach.

Upon admission to the DHP, patients will receive a WEB (Weekly Eating Behaviors Booklet; See Appendix 2) to fill out. Patients will be asked to complete all meals within the allotted time. After the meal, patients will be asked to fill out the WEB; you will record all food items and beverages consumed, including quantities and how it compares with the prescribed Meal Plan.

Patients will also be asked to refer to the Normalized Eating Guidelines at meal times, which will be available in the DHP kitchen as a reference.

Appendix 2 – The WEB

I. Filling Out the WEB: An Introduction

As part of your treatment in the DHP, you will fill out the WEB [**W**eekly **E**ating **B**ehaviours], a “self-monitoring” tool that is used for many reasons. One reason is that it helps you to keep track of your eating, symptoms, urges and emotions that happen during meals. It is impossible for people to remember everything that happens to them over the week so it is essential to write it all down. Another reason is that it helps the treatment team to understand how you are doing and if you are making progress. It is your job to use the WEB immediately after each meal and snack, **including** those that you have outside of program hours [i.e., all breakfasts & Friday’s supper to Sunday’s supper]. We dedicate quiet time after every meal to fill out the WEB in the program. You might feel scared to keep track of yourself in this way, or it might seem like a lot of work, but it is an important part of your treatment and it gets much easier as you practice.

In your first week, your WEB will be reviewed by one of the members of the treatment team to make sure you’re on track and to give you suggestions on how to better fill it out. Starting in your second week, you’ll be responsible for summarizing your WEB from the previous week using a handout that program staff will give you. You will present the summary during “Feedback Group” on Wednesday mornings. At that time, you will give yourself recommendations [as well as receive some from staff] based on your progress over the week. Somewhere between the third week and the end of your time in the program, your WEB will be randomly selected for review by a member of the treatment team; once again, this is to make sure that you’re on track..

WEEKLY GOALS			
Goals (self-identified or suggested)	Where I’ll Meet Goal	When I’ll Meet Goal	Completed
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
Please list any barriers to completing your goals:			

In the diagram above, you will find the section of the WEB [which is near the back of the booklet] where you will write down both the recommendations you give to yourself and those given to you by staff; these should be written in column 1 [“Goals (self-identified or suggested”)]. In the second column, you’ll be asked to write in which group you will address the recommendations [“Where I’ll Meet Goal”]. In the third column, you will be asked to write when you will complete the recommendation [“When I’ll Meet Goal”]. In the fourth column, you can check off the recommendations you have addressed that week. Finally, in the box underneath, you can write what is getting in your way of carrying out the recommendations for the week [“Please list any barriers to completing your goals”]. In trying to achieve something difficult, naming the time and place that you will do that thing holds you accountable and makes it more likely that you will be successful.

Please note that you need to fill out **every** section of the WEB; do not leave any blanks. Even if you write “none” or “nothing at this time” or “0”, it shows you are addressing all the areas of the WEB.

Below, you will find instructions on how to fill out the WEB. It is normal to read this section and still have questions about how to do it. You are always welcome to ask staff for help in filling it out. We are happy to help!

II. Filling out the Food Section of the WEB

After finishing a meal or a snack, you will be asked to record everything that you ate or drank including approximate quantities for what was consumed [see diagram below]. For example, if you ate a chicken sandwich, a yogurt and milk for lunch, you would record the following:

2 exchanges of carbohydrate for the 2 slices of bread, 2-3 exchanges of protein for the 2-3 oz. of chicken, 1 exchange of fruit for the 125 ml of yogurt and 1 exchange of milk for 125 ml of 2% milk. The 15 ml of mayonnaise in the sandwich would be captured under 1 exchange of fat.

Note that you would also record your intake of fluids including all beverages such as coffee, tea, water, and so on. Although beverages may not count as food exchanges, they are important to monitor because they may affect your fullness at meal times.

If you have an episode of food restriction, binge-eating, purging or any other ED symptoms, you will be asked to describe all foods/beverages that were consumed or omitted. We ask that you are as detailed as possible when you have a symptom so you can gain awareness of your ED patterns.

Planned and actual food exchanges in a meal

Date, Meal and Time

List what/where you ate

Rate urges you experienced while eating. 0 means no urge, 5 is a strong urge

Meal Plan		Actual	Quantity	Food Consumed	Behaviours*	Urges (0-5)**	Freq.
Protein	2	2	1 Portion	- Shepherds Pie	Restricting	4	1
Starch	2	2	1	- Bun	Bingeing	1	0
Milk	2	1	125ml	- 2 % Milk	Overeating	2	0
Fruit	1	1	1	- Fruit and Yogurt	Vomiting	2	0
Vegetables	1	1	250 ml	- Mixed Salad	Exercising	5	0
Fat	1	1	1	- 5 ml margarine - 15 ml salad dressing	Laxative Use	1	0
High energy	1	1	1 Slice	- Pumpkin Pie	Other:	0	0
	1	1	1	Banana Muffin	Other:	0	0
* If you've experienced any of these behaviours, then complete a behavioural chain analysis form (BCA- for Symptom Interruption Program only). ** For urges please indicate a number between 0-5 that reflects how strong the urge is.					Who were you with? - Group		

Quantity of each exchange

If you did experience any of the above behaviours then complete a BCA form.

Weekly Eating Behaviours Instruction Guide:

Of particular note, you can see above in the top right-hand corner that there are the sections "Frequency" and "Urges". In the "urges" section, you are to write how intensely you want to engage in the behavior in question on a scale from 0 to 5. Take "restriction" as an example; you will rate a "0" when you do not have any urge to restrict and a "5" when there is the strongest urge to restrict. On the other hand, "frequency" refers to the presence of the **actual behavior**. So, if you restricted at that particular meal, you would mark a "1"; if you did not restrict, you would write a "0". Please always fill in this section, even if they are all zeroes.

III. Filling Out the Psychological Sections of the WEB & Using the Feelings List

After you complete the food section of the WEB, you will be challenged to address the psychological parts of the meal [see diagram below]. Four questions will be asked:

1. Name your emotion right now,
2. Make connections between the emotions, thoughts, behaviours, etc.,
3. Identify your successes and/or challenges,
4. Name skills you have used to normalize your eating

You will be asked to notice and write down the connections between how you are thinking, feeling and behaving. Although you cannot easily change how you feel [i.e., your emotion], you can change it indirectly by changing what you do [i.e., behaviour] and how you think [i.e., cognitions or thoughts]. The WEB will help you understand these connections so you can make change in the future. You will learn more about this idea in “CBT Group”.

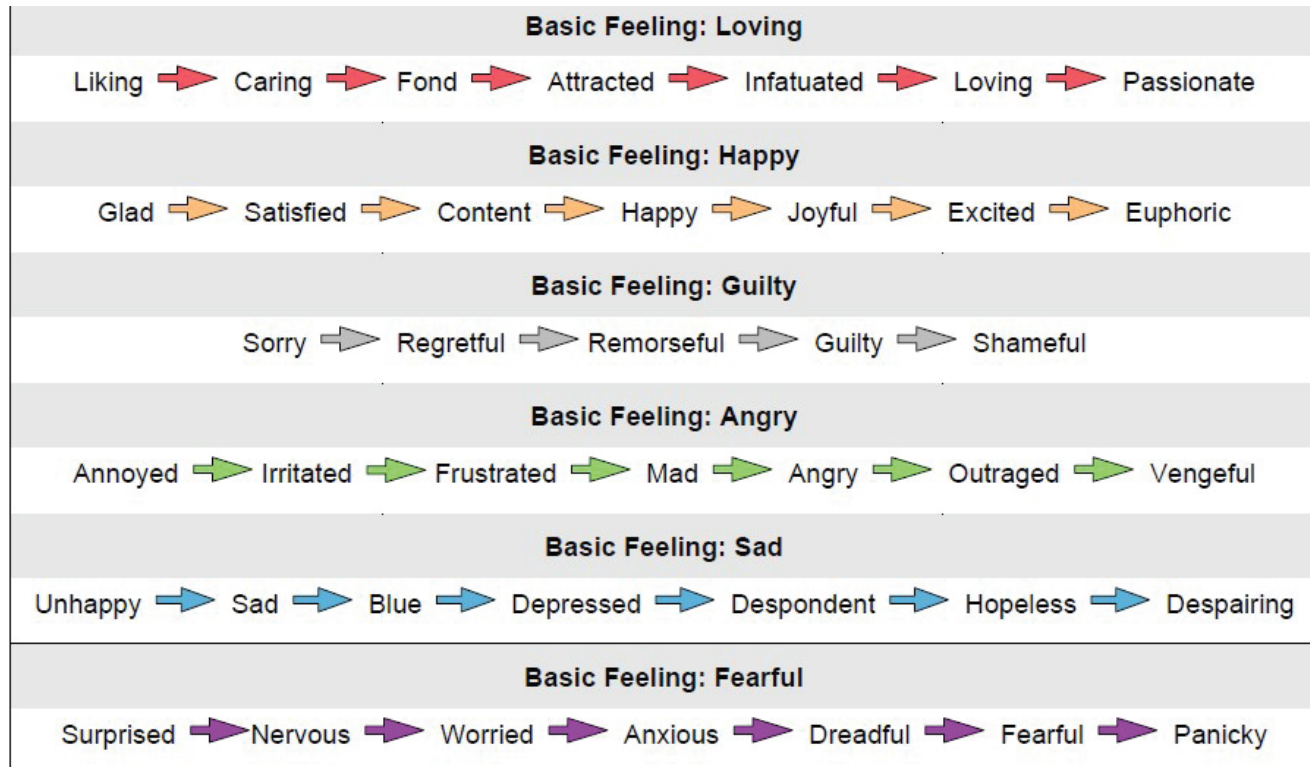
Love	Happy	Guilty	Angry	Sad	Fearful
1. What is your emotion right now? (Circle emotions above or use the emotion list included on the back of this booklet)			3. What are your successes and/or challenges today?		
2. Please explain how you know you're experiencing the emotion you listed above? (Think about linking thoughts, feelings, physiological sensations, behaviours and events)			4. What skills have you used to normalize your eating at this particular meal? (See skills list attached)		

Let's now look at the four questions from the WEB that were listed above. We will use an example of a pretend group member all the way through.

Question 1: “What is your emotion right now?”

One of the goals of our program is to help you to understand that your difficulty with eating is not really about the food. When people start the program, they often feel “fat”, “full” or “tired” a lot, which then makes it difficult to eat [or makes the after-effects of eating unpleasant]. As you go through the program, you will learn that not only are those words not feelings/emotions [i.e., rather, they are body sensations], but that they are sometimes a result of how you feel about something that happened or a thought you had. Although naming emotions is tough, people who are better able to name their emotions can better regulate or control their emotions. You will often be asked to name your emotions by members of the treatment team. Figuring out what you’re feeling will be covered in the Emotion Regulation module of “DBT Skills Group”.

This question in the WEB asks you to circle the basic emotion you’re feeling. If those words don’t fit for you, you can look at the last page of the booklet where you will find a feelings list to give you more choices [see diagram below]. Please make sure you list an emotion and not a body sensation! Under each basic emotion on the feelings list is a series of words. Not only are they different ways to describe the same emotion, but they are also ramped up in their strength as you move from left to right. For example, under “Loving”, it starts with “Liking” on the left side and ends as “Passionate” on the right side. In this way, you can label AND note the strength of your feeling.



Example: “Jane” is a pretend patient in the program. Let’s say that Jane noticed that she felt “full” during lunch, which made it hard to get through her meal. Because “full” is not an emotion, she decided to write that she felt scared/fearful.

Question 2: “Please explain how you know you’re experiencing the emotion you listed above.” What is connected to the emotion you listed in question 1? In this section, you may want to think about the following: When did the emotion start? What was going on at the time that the emotion started? What did you think right before you started to feel the emotion? Are there body sensations that go along with the emotion you’re feeling? Do you see a connection with something from your past? You can find help with this task in “Values and Relationships Group” when you cover “Life Traps” and also in “CBT Group” when you learn about “Thought Records” and “Mindsets”.

Example: When Jane was thinking about why she knew that she was scared, she remembered that before lunch, she was discussing the family meeting that was scheduled to take place later that afternoon. She noticed that her heart was racing, she was sweating, and her mind was jumping from worry-to-worry. One of her worries was that her mother would blame her for stressing out the family with her problems.

Question 3: “What are your successes and/or challenges today?”

This question helps you to notice things that you did at that time that were difficult to accomplish. This is done for two reasons: 1) It helps you to acknowledge, and give yourself credit for, having done something tough. This is done in the spirit of “Building Mastery” and “Accumulating Positives” from “DBT Skills Group”. 2) It helps you to notice events or activities that may have changed your mood.

Example: Jane wrote “getting through a difficult meal” and “being assertive with a staff member” in the challenges section. She also wrote completing one of her recommendations from “Feedback Group” in “Community” as a success.

Question 4: “What skills have you used to normalize your eating at this particular meal?”

If you have finished your meal, then you have probably behaved skillfully. In this section, you will identify what skills you have used to complete your meal, even if you didn’t realize you were doing so at the time. You will find a list of skills that we teach in the program near the back of the WEB. That same list can also be used to suggest how you can get through your meal when you’re in the middle of it. The list contains skills from “Value and Relationships”, “DBT Skills Group”, “Interpersonal Effectiveness Skills Group” and “CBT Group”; skills that you learn elsewhere can be used too .

Example: Jane wrote that she used distraction with games and conversation, and that she occasionally stopped to observe and describe her food nonjudgmentally [i.e., mindful eating].

IV. Filling out the Skills Section of the WEB

There is a skills list for you to fill out near the end of the WEB to keep track of skill use [see diagram below]. **When you are just starting the program, it is important to remember that you are not expected to know these skills.** In fact, you will only know most of the skills by the end of the 12-week program, if you haven't missed too many skills-based groups.

A) Why Keep Track of Skill Use? This skills list is included: 1) to help you keep track of the skills you've used so you can see when you've been skillful, 2) to remind you to use skills when you are in a tough situation, such as a meal, when you have your WEB with you, and 3) to show you patterns in your skill use to help you figure out which skills you use a lot and which ones you still need to practice or even try out for the first time.

B) How to fill out the Skills List: You can fill this out in a couple of ways. The recommended way is to notice and record skill use when it happens. The other way would be to fill it out at the end of the day, although it will be difficult to remember what you did.

When you look at the list [it may help to have your WEB open to this page right now], you can see that there is one column per day. Let's say it's Monday night and you remembered that you were really angry earlier because your partner insulted the way you looked. You notice that "journaling" is listed as a skill available to you and you remember that it has helped you deal with your emotions in the past. You now need to indicate how/if you used it. You will find several choices in the upper left hand corner of the skills list; you will write the number of the option that best describes what you did or did not do.

1. "Realized afterwards that I should have used the skill": You realize later that Journaling may have helped you to deal with the strength of your anger, but you did not do it. Recognizing that using this skill might have helped you may remind you to do so next time. You would write a "1" in the appropriate box.
2. "Thought about the skill but chose not to use it": Perhaps when you were angry earlier that day, you thought about Journaling, but you didn't do it for some reason [e.g., maybe because you thought that it wouldn't work, or you were unwilling to try]. You would write a "2" in the appropriate box.
3. "Realized afterwards that I did use the skill effectively": Perhaps without realizing you were being skillful, you automatically started Journaling about your emotion, but then forgot about it. In looking back, you realized that you behaved skillfully by Journaling, even though it wasn't planned out. Journaling helped you deal with your emotion. You would write a "3" in the appropriate box.

4. “Mindfully tried to use the skill but it wasn’t effective”: As you were very angry when your partner insulted you, you decided to Journal. The skill didn’t work for you, perhaps because you were stuck in your emotions or maybe because it wasn’t the right skill in the moment. You can feel proud for trying to use skills even if they don’t work. It can also remind you to try something else if the first skill you use doesn’t work. You would write a “4” in the appropriate box.
5. “Mindfully used the skill effectively”: When you felt very strong anger, you decided to Journal. It helped you to deal with your emotion and prevented you from acting out aggressively. You have effectively used the skill. You would write a “5” in the appropriate box.

Skills Available to You							
1. Realized afterwards that I should have used skill.	CM - Core Mindfulness IE - Interpersonal Effectiveness ER - Emotion Regulation DT - Distress Tolerance						
2. Thought about skill but chose not to use it.							
3. Realized afterwards that I did use skill effectively.							
4. Mindfully tried to use skill but wasn’t effective.							
5. Mindfully used skill effectively.							
Skills I have used today:	M	TU	W	TH	F	SA	SU
CM: Wise Mind: Living values while checking the facts							
CM: Observe: Just notice (e.g., urge surfing, Teflon mind)							
CM: Describe: Put into words on the observation; just the facts							
CM: Participate: Enter into the experience; Flow							
CM: Non judgemental stance							
CM: One-mindfully: Doing one thing at a time							
CM: Effectiveness: Focus on what works							
IE: Objectives effectiveness: Dear man							
IE: Relationship effectiveness: Give							
IE: Self-respect effectiveness: Fast							
IE: Cheerleading statements							
IE: Observing personal limits: Boundary							
IE: Listening: Validate others							
ER: Identifying primary emotion							
ER: Reduce vulnerability: Please							
ER: Ride the wave (aka sitting with feelings)							
ER: Accumulate positives (build emotional back account)							
ER: Build mastery							
ER: Cope ahead							
ER: Checking the facts							
ER: Shifting thoughts/Dialectical shifts							

Skills Available to You

1. Realized afterwards that I should have used skill.
2. Thought about skill but chose not to use it.
3. Realized afterwards that I did use skill effectively.
4. Mindfully tried to use skill but wasn't effective.
5. Mindfully used skill effectively.

CM - Core Mindfulness
 IE - Interpersonal Effectiveness
 ER - Emotion Regulation
 DT - Distress Tolerance

Skills I have used today:	M	TU	W	TH	F	SA	SU
ER: Opposite action							
ER: Problem solving							
DT: Self-soothe with the 5 senses							
DT: Improve the moment (incl. deep breathing, PMR)							
DT: Distraction: Accepts							
DT: Pros and cons of using distress tolerance							
DT: Radical acceptance							
DT: Turning the mind/willingness							
Process: Journaling							
Process: Identify live traps & schemes: _____							
Process: Challenge a life trap: _____							
Process: Practice living your value: _____							
Process: Identify relationship pattern: _____							
Process: Trying something new in relationships:							
Process: Practicing self-reflection							

Appendix 3 – The “Distress Tolerance Kit”

What is Distress Tolerance?

The intensive branches of the Eating Disorders Program are abstinence-based, which means that the goal is to help you get rid of **all** of your symptoms. The team understands that this is very difficult to do because your eating disorder symptoms are there for important reasons [e.g., helping you cope with emotions; behavioral manifestation of the over-evaluation of weight & shape]. We will help you accomplish abstinence by teaching you skills that you can use instead of turning to symptoms.

It takes a long time to learn all the skills in the program. If you are willing, one thing you can start using right away is called Distress Tolerance [DT]. This skill is used when you are at immediate risk for having symptoms or doing something that you might regret, which would make things worse overall. Using DT is like clinging to a life raft in the middle of choppy, shark-infested waters until a storm passes. You will be taught DT in “DBT Skills Group”, but when it is taught during your treatment depends on where the group is at when you start the program. Because this is an important set of skills that is meant to keep you safe, we recommend that you start to use it right away by following the instructions below.

In order to use DT, you will need to create a “DT Kit”, which is a physical collection of about 10 items that you carry with you **at all times**. If you don’t have it with you, you cannot use it when you really need it; you will rarely know in advance when you will need it!

What to Put in Your DT Kit

There are three main skills that you will learn about in “DBT Skills Group” that will help you to build your kit. Basically, they are skills that help you to “Self-Soothe”, “Distract”, and “Relax”. There are many ideas you might consider adding to your DT Kit that will be discussed in “DBT Skills Group”, but you can think about the following things right away.

1. Find objects that are soothing to the senses [**NOTE:** avoid taste for now because it can be triggering]. For example, Sight: pictures of family/friends, nature videos. Hearing: soothing music, a voicemail from someone important. Touch: a heating pad, a favorite blanket. Smell: package of coffee/tea, favourite soap/lotion.
2. Find things to distract you. For example, use a coloring book, play a game [e.g., crossword puzzle, Sudoku], knit/crochet, write someone a kind note, watch a funny YouTube video, listen to loud music.
3. Find relaxing activities. For example, imagine a “safe place”, use deep breathing/muscle relaxation, find encouraging statements that you can read when you need them.

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4. Use cold! Carry a cold pack or ice with you; when distressed or upset, put it on the back of your neck and sit quietly, if possible. If it isn't strong enough, you could consider holding your breath and putting your face in a sink or tub of cold water, or even taking a very cold shower.
 5. Reach out. Carry a list of phone numbers of group members and other important people to whom you can reach out when you're distressed or upset.
 6. Connect with your goals and your values. Make a list of your non-eating disorder goals in life; list your values that have nothing to do with shape or weight. Look at the list when distressed or upset and ask yourself if using eating disorder symptoms will get you closer to those goals and values.

How to Build Your DT Kit

First, you need to consider what form of kit you would be willing to take with you everywhere. What will the container or bag look like? Is it something you would feel ok taking out in public? Second, you need to think about what to put in your DT Kit. Building a proper kit takes a lot of trial and error, so you'll need to be willing to try something out and see what happens. You can get rid of the things that don't work for you. Be creative! Use technology if you're comfortable with it, like a smartphone, an .mp3 player or a tablet. You can also download a DBT app for your device that will remind you to use DT Skills. What works for one person may not work for someone else, which means that your kit needs to be very personal and meaningful.

Remember: you need to build a kit that you can **carry with you everywhere!** Out of the 6 types of things listed above, choose the ones that you think will work best for you and find a way to take them with you. Your kit shouldn't be more than 10 items or you may be overwhelmed by it. If you need help building your kit, you can ask any of the members of the treatment team for help. This isn't an easy job. It's hard to replace behaviours that have been around for a long time. The most important thing is to avoid making the situation worse [i.e., using symptoms to deal with emotions].

Appendix 4 – Patient Commitments (Program “Non-Negotiables”)

We are committed to providing a safe and confidential environment of respect and integrity for each patient.

Patient Commitment	Solutions and Supports	Consequences
I will respect and maintain absolute confidentiality of all personal information shared by <u>both current and past</u> group members [see confidentiality agreement, Appendix 5].	You may share <i>your personal</i> experience of being in the Program but are not permitted to discuss the experience of other group members or their identifying information.	If you breach confidentiality about other patients you will be discharged from the Program.
I will discuss any regular use of drugs (taken for recreational or medical purposes) or alcohol during the course of my treatment.	Staff will encourage you to discuss if alcohol and/or substance use are creating difficulties for you and will help you to problem solve.	If substance use continues to impact your work in group, or if you come to the program intoxicated/high, you will be discharged.
I will use my medication as directed. This means I will take medication at prescribed doses and times. I will not share any medication (prescription or other) with other patients.	If you are using any of your medications inappropriately (taking a different dose than prescribed or sharing medications), meet with staff to identify triggers, consequences and to problem-solve.	If these behaviours continue, you will likely be discharged.
I will discuss any self-harm behaviours that I engage in with program staff. To manage these, I will work on using coping skills that I will learn in the program.	If you are unable to stop self-harm behaviours, meet with staff to identify triggers, supports available, and to problem-solve.	If self-harm behaviours continue, you will likely be discharged.

We are committed to providing consistent quality of care and to ensuring that all patients have a chance to get the most out of their treatment.

Patient Commitment	Solutions and Supports	Consequences
I will arrive on time and stay for the whole group. I will book external appointments outside of program hours.	If you are often late, meet with staff to identify triggers, consequences and to problem-solve.	If you continue to be late or leave early, you will likely be discharged.
I will actively participate in all groups. This includes completing homework, sharing personal experiences, being attentive and giving and receiving feedback. Unless permitted by staff, I will avoid writing/ taking notes or working on my WEB during groups.	Group members will be assessed weekly on participation, motivation and readiness to openly discuss emotional issues. If you choose not to actively participate in groups, meet with staff to identify triggers, consequences and to problem-solve.	You will be consistently encouraged to work on increasing your participation throughout treatment.
Social contact among group members.	We encourage patients to maintain healthy, supportive relationships with other group members. At the same time, we discourage relationships that may get in the way of your recovery and group functioning, such as when relationships become overly close, intense or result in blurred boundaries. Your recovery should be your main focus. Social contacts between group members outside Program hours should be shared the next day with co-patients and staff in group.	
I will turn off and put away my cell phone and other devices during groups and meals.	To avoid distracting yourself and other group members, you must turn off and put away your cell phones and all other devices during groups and meals. Taking photos is also not permitted unless you have permission of the person involved.	
I will plan my use of the bathroom in order to avoid the temptation to have symptoms and/or minimize group disruption.	Bathroom use is expected to take place before meals and snacks in order to avoid the temptation to have symptoms during or immediately after meals. During the rest of the day, bathroom use should take place between groups to avoid group disruption.	

We are committed to fostering healthy attitudes toward food, eating and body image.

Patient Commitment	Solutions and Supports	Consequences
I will allow the program staff to take my weight each week and as needed.	If you have difficulty with having your weight monitored, meet with staff to discuss concerns and to problem-solve.	If you refuse appropriate weight monitoring, you will be discharged.
I will respect the symptom-free environment of the program. This means, for example, that I will not binge-eat, vomit, misuse laxatives, use diet products or exercise/be overly active (e.g., take the stairs), etc.	If you do not meet these expectations, meet with staff to identify triggers, consequences and to problem-solve.	If any of these behaviours continue, you will likely be discharged.
I will complete all meals and snacks.	You will be strongly encouraged to complete your meals at the onset of treatment.	If you are unwilling to complete meals, you will be discharged.
I will complete meals within the required time limits (i.e., 20-25 minutes for main course & 10 minutes for dessert).	If you have difficulties achieving this expectation, the staff will coach you and help you to problem-solve. You are strongly encouraged to discuss your concerns in groups.	You will be consistently encouraged to work on the length of time you take to complete your meal throughout your treatment.
I will follow the program Meal Guidelines during my meals (see appendix). This means, for example, that I will not hide food, use excessive condiments, cut food excessively, take very small bites, or drink too much water, etc.	If you have difficulty with any of these behaviours, discuss this in groups or individually with staff to explore solutions and consequences.	If you continue to be unable to follow the Meal Guidelines, you will not experience the full benefit of your treatment and may be discharged.

Appendix 5 – Other Resources

Specialist Treatment for Eating Disorders

Please see EDP team members for an up-to-date list of professionals you can see in the community after your treatment with us. Note: most offer fee-for-service treatment; many accept private health insurance.

Peer Support Groups

Hopewell

Volunteer-led peer support groups for individuals with eating disorders and their families.

Address: Heartwood House, 404 McArthur Avenue, Ottawa, Ontario, K1K 1G8

Phone: 613-241-3428

Email: hopewell@hopewell.ca.

Website: www.hopewell.ca

Lower cost services

Centre for Psychological Services and Research at the University of Ottawa

Psychotherapy provided by psychology graduate students under the supervision of registered psychologists. Flexible fees. **Note: will not see people with active eating disorders.**

Address: 136 Jean-Jacques Lussier (4031), Ottawa, Ontario

Phone: 613-562-5289

Website: www.socialsciences.uottawa.ca/psy/cpsr

Counselling and Psychotherapy Centre at Saint Paul University

Bilingual counselling provided by interns under the supervision of counsellors, psychotherapists, and /or psychologists. Flexible fees. **Note: will not see people with active eating disorders.**

Address: 223 Main Street, Ottawa, Ontario, K1S 1C4

Phone: 613-782-3022

Website: www.ustpaul.ca/en/centre-for-counselling-home_360_697.htm

Counseling Services and Groups

Catholic Family Services

Address: 310 Olmstead, Ottawa, Ontario

Phone: 613-233-8478

Website: www.cfsottawa.ca

Family Services Ottawa

Address: 312 Parkdale Avenue, Ottawa, Ontario

Phone: 613-725-3601

Website: www.familyservicesottawa.org

Jewish Family Services

Address: 300-2255 Carling Ave, Ottawa, Ontario

Phone: 613-722-2225

Website: www.jfsottawa.com

The Walk-in Counselling Clinic

Free counselling services in English, French, and other languages. Clinic hours are available at different locations each day of the week, including evenings and weekends.

Website: www.walkincounselling.com

Readings and Self-Help

We suggest that you look up these books on an internet site such as Amazon, where you can browse the contents. That will help you find something to suit your specific needs. Most can be purchased online through Indigo, Amazon, etc.

Books

Overcoming Binge Eating, Second Edition by Christopher G. Fairburn

The Body Image Workbook by Dr. Thomas Cash

50 Ways to Soothe Yourself Without Food by Dr. Susan Albers

Eating Mindfully by Dr. Susan Albers

Surviving an Eating Disorder: Perspectives and Strategies for Family and Friends by Dr. Michelle Siegel, Dr. Judith Brisman & Dr. Margot Weinshal

The Overcoming Bulimia Workbook by Dr. Randi McCabe, Dr. Tracy McFarlane & Dr. Marion Olmstead

The Food and Feelings Workbook by Karen Koenig

Websites

Douglas Hospital Eating Disorders Program, Montreal

www.douglas.qc.ca/page/eating-disorders-program

Gurze Books

www.bulimia.com specializes in professional and self-help books on eating disorders

National Eating Disorders Information Centre

www.nedic.ca includes its own list of books

Ottawa Community Resources

www.cominfo-ottawa.org

The Regional Centre for the Treatment of Eating Disorders at The Ottawa Hospital

www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/DeptPgrmCS/Programs/RegionalCenterForTheTreatmentOfEatingDisorders

Appendix 6 – Phases of Recovery from an Eating Disorder

Getting Ready	Medical Stabilization	Normalized Eating & Behavioural Changes	Cognitive, Emotional, & Further Behavioural Changes	Finding Purpose
<ul style="list-style-type: none"> • Exploring the pros & cons of having an eating disorder • Understanding where you are in terms of readiness for change • Seeking care in the community (e.g., from family physician, therapist, etc.) 	<ul style="list-style-type: none"> • Weight restoration • Medication management as required • Blood work • Clinical tests as necessary 	<ul style="list-style-type: none"> • Introducing normal eating patterns • Reducing problematic eating behaviours (e.g., binge-eating, vomiting, exercising, food restriction) • Facing feared foods, meal outings 	<ul style="list-style-type: none"> • Challenging unhelpful thinking & values • Learning to identify & work with your emotions • Practicing interpersonal challenges • Tolerating urges by using skills 	<ul style="list-style-type: none"> • Discovering what matters to you • Exploring hobbies • Reconnecting socially • Building healthy relationships • Exploring academic/ career goals

A Brief Note on the “Phases of Recovery from an Eating Disorder”

In the diagram above, you can see a model of how patients might move through treatment. Near the beginning, treatment is focused on determining someone’s readiness and willingness to make change with respect to their eating disorder. Once someone has identified that there is a potential problem [even if they remain ambivalent], the task becomes one of medical stabilization. From there, the focus shifts to normalizing eating, gradually moving towards changing the amount, type and timing of food en route to weight restoration. The psychological work would ideally take centre stage at that point, challenging thoughts, working with emotions, developing interpersonal skills, examining values and dealing with urges. Formal treatment would conclude by focusing on re-integration into the environment by getting back into relationships, school/work, and finding purpose. It should be noted that many of the tasks in the above stages overlap with each other. Sometimes people slip into previous phases and tasks from earlier stages may take longer than anticipated.

Appendix 7 – Confidentiality Agreement

[Patient Copy]

Group Member Statement of Confidentiality

General Statement:

Confidentiality, a trust of privacy or secrecy of communication and information, is the shared responsibility of all group members and their clinician(s). Although a group facilitator will not disclose patient communications or information except as provided by law, there is no law covering what members of a therapy group say to people outside of the group about what goes on in group. Because of that, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible.

Agreement:

As a member of the Day Hospital branch of the Eating Disorders Program at The Ottawa Hospital, I will not reveal any confidential information that comes to me through any of the group-based activities. In order to participate in the Day Hospital, I will therefore agree to the following terms:

- I will not discuss any information pertaining to any current or former group member [incl. patients in other branches of the EDP, such as the inpatients] with family, friends, roommates, significant others or any other person(s) who are not patients in the Day Hospital Program.
- I will not discuss any information pertaining to any group member in any place where it can be overheard by anyone not directly involved with the group. This would include avoiding identifying another group member as being a patient in the hospital and/or within the EDP.
- I will not contact any individual or agency outside of The Ottawa Hospital to get personal information about any group member.
- I will not release any information, in writing or orally, regarding any group member to any person(s) or agencies. I understand that in extreme circumstances, such as medical emergencies, it may be necessary to release information to a health care provider without the group member's consent.
- I understand that using any form of social media [e.g., Facebook, Snapchat, Instagram, Twitter, SMS/ MMS, e-mail, Skype/Facetime, WhatsApp, etc.] is insecure and therefore public regardless of security options employed. I will not include any information/ disclosures by other group members on any of my social media platforms. Similarly, I will not take photos while at the hospital because there may be people in them [even in the background] whose confidentiality may be violated inadvertently.
- I understand that violation of these confidentiality principals could result in my discharge from the Day Hospital Program.

By my signature below, I indicate that I have read carefully and understand this agreement and that I will adhere to its terms and conditions.

Signature of Patient: _____ Date: _____

Signature of Clinician: _____ Date: _____
